



St. Paul Blackhawks Soccer Club

Little Hawks Fall Soccer

U5 – U8 Boys and Girls

**** Register Online at www.blackhawksoccer.org ****

Little Hawks

The Little Hawks program introduces children to fundamental soccer skills in a fun-filled setting. Professional coaches provide an enjoyable, fast-paced series of soccer-related games and activities that develop ball skills, motor skills, cognitive abilities, and peer relationships. The Blackhawk coaches gently help your child discover the game and its sweet rewards!

NEW LEAGUE FORMAT!

The players are assigned teams with (2) volunteer parent coaches. The first half of the session is spent learning technical skills. In the second half, the kids apply their new skills in 3v3 league games led by their volunteer coaches.

LEARN TO COACH FROM PROFESSIONALS!

You may not have played or coached before – that's okay! Our professional coaches lead the technical sessions while you observe. Then, you get to apply your newly found coaching knowledge in game situations. Learn how to coach from some of the best! Give it a try – you and your player won't regret it!

ABOUT BLACKHAWKS, A NON-PROFIT SOCCER CLUB

We are the oldest, most accomplished soccer club in Minnesota. We teach joyful, creative, passionate play that fosters a lifelong love of the game. Alumni include players at the collegiate, professional, and international level including Gerard Lagos, Jena Kluegal, and Tony Sanneh (2002 World Cup!).

WHEN:

Tuesdays, Sep 9, 16, 23, 30, Oct 7, 14

*U5/U6 Coed [born 8/1/02 - 7/31/04], 6p – 7p
U7/U8 Girls (born 8/1/01 – 7/31/02), 7p – 8:15p
U7/U8 Boys (born 8/1/01 – 7/31/02), 7p – 8:15p*

LOCATION:

McMurray Fields (near Humane Society)

COST: \$50 ** includes T-Shirt

*** Pay only \$40 if you are also participating in St. Paul Parks and Recs Fall Soccer Program. Play twice/week!*

BRING: *shin guards, water, size 3 ball, and soccer shoes or tennis shoes*

QUESTIONS:

e-mail info@blackhawksoccer.org or call 651-276-6154

**REGISTER ONLINE AT
WWW.BLACKHAWKSOCCE.ORG!**

All registrations are due by August 1st. Team placement can not be guaranteed after deadline.

Registration Form

Player Name _____

Parent Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____ Cell: _____

Parent Email(s) _____

Date of Birth: _____ Shirt Size: YS YM YL AS (circle)

____ I am interested in scholarship assistance. Please contact me.

I request my buddy, _____. (can make one mutual request)

I WOULD LIKE TO COACH! Y / N (circle)

Or, Register Online at www.blackhawksoccer.org

FIRST COME, FIRST SERVED – LIMITED SPACE AVAILABLE!

____ U5/U6 Coed, 6-7 PM

____ U7/U8 Girls, 7-8:15 PM

____ U7/U8 Boys, 7-8:15 PM

Please make your check for \$50/\$40 payable to: St. Paul Blackhawks. Mail registration form (with signed medical release on back) and check to:

**Joe Crosby
Little Hawks League
2136 Ford Pkwy #138
St. Paul, MN 55116**

PARENT/GUARDIAN AGREEMENT – I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Paul Blackhawks Soccer Club (SPBSC), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the SPBSC accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the SPBSC and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT – As the parent/legal guardian of a participant in SPBSC programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Legal Guardian (Please Print)_____

Date_____ Signature X_____